

Cabinet for Health and Family Services Office of the Kentucky Health Benefit Exchange

12 Mill Creek Park, Frankfort, KY 40601-9230 1-855-4kynect (459-6328) kynect.ky.gov

Helpful Things Before You Start Your Application

You may not need all of these items, but having them handy may speed up your enrollment process. It is okay if you do not have everything on this list. Remember you can stop and start your application at any time. Just hit Save and Exit. If you have any questions about your application, please call Customer Service at 1-855-4kynect (459-6328). TTY: 1-855-326-4654

	Contact Information
	□ Email Address and Password (if you don't have an account, a relative or friend may be able to
	create one for you. You can create one for free at gmail.com or yahoo.com.)
	☐ Mailing and/or Permanent Address
	□ Proof of Residence (utility bill, lease, etc.)
	□ Phone Number (that you can always be reached at) □ Birthdate
□ ID (pic	
	□ Social Security Card or Immigration Documents (I-9 if available)
	☐ Government Issued ID like a Driver's License
	□ Birth Certificate
	ehold Information
	□ Names, Dates of Birth and Social Security Numbers (SSN) of all persons living in your house
	□ Proof of Marriage
□ Proof	of Income (pick at least one)
	□ W-2 Form(s)
	□ Last year's Tax Return(s)
	Pay Stubs from the last 2 months
	□ Proof of Unearned Income (SSI or Disability check stub)
	□ Other Proof of Income nses Information
	☐ Alimony (if you pay alimony)
	□ Student Loan Interest Payment
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	☐ Teacher Expenses (if you are a school teacher only)
	☐ School Tuition and Fees h Insurance/Card for Current Insurance (if you have insurance through a job)
	☐ Cost of Insurance (premium bill or check stub showing premium deductions)
	☐ If you are interested in Medicaid Insurance Coverage, do your medical providers (doctors,
	clinics, hospitals) accept Medicaid? Medicaid plans include Passport, Coventry Cares, Humana
	Care Source, Wellcare and Anthem. It can save you time if you know which insurance plans your
	medical providers accept.
□ Work	information
	☐ Employer Identification Number (EIN) if you know this number. This number is on your W-2
	form.
	□ Business Name
	□ Work Address
	□ Work Phone Number or Work Number for your Human Resources Office Contact
	☐ Work's Health Plan if your employer offers insurance coverage

